Credit / Debit Card Payment Consent Form

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name on Card if different than client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are requiring all clients to keep a card on file with the Theranest Client Portal, our secure credit card processing service. Please select your preference for how you would like to pay for your session costs:

I will initiate payment myself before or after each session via the Client Portal or Zelle, or by providing my therapist with cash or a check.

I authorize Chicago BodyMind Wellness Studio to automatically process payment using the credit/debit/health account card information stored in the Client Portal. Charges will occur within 14 days of my session.

I prefer to be invoiced monthly. I will be responsible for initiating payment via the Theranest Client Portal, Zelle QuickPay, cash, or check.

Charges for appointments that are missed or cancelled with less than 24 hours notice will be automatically processed using the credit/debit/health account card information stored in the Client Portal. Charges will occur within 14 days of the missed session. The fee for missed appointments is $50 for the first occurrence and the full session fee for subsequent missed sessions.

I verify that my credit card information, provided on the Credit Card Authorization Form, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_